

HOME/HIF PROGRAM - TENANT DEMOGRAPHIC AFFIDAVIT FOR RENTAL PROJECTS

DATE: _____ HOME/HIF regulations require that the owner/management agent provide the
VERIFICATION: _____ following information for each tenant. THE PROJECT'S "PERIOD OF
CERTIFICATION: _____ AFFORDABILITY" DOES NOT BEGIN UNTIL ALL REQUIRED INFORMATION HAS BEEN
SUBMITTED TO HUD (FOR HOME) OR THE COUNTY (HIF).

Tenant's Name: _____ Unit#: _____
Address: _____ No. of bdrms: _____
Unit adapted for person with disabilities? ☐ Yes ☐ No

Utility Data

Tenant Pays	Included in rent		Natural Gas	Bottle Gas	Oil	Electric
_____	_____	Heating	_____	_____	_____	_____
_____	_____	Air Conditioning	_____	_____	_____	_____
_____	_____	Cooking	_____	_____	_____	_____
_____	_____	Water Heating	_____	_____	_____	_____
_____	_____	Sewer	_____	_____	_____	_____

Rent Data

Monthly Rent

Monthly Rent: \$ _____
Tenant Contribution: \$ _____
Rent Subsidy Amount: \$ _____

Type of Rental Assistance (Check One)

_____ (1) Section 8
_____ (3) Other
_____ (4) No Assistance

Income Data

Annual Household Income \$ _____

% of Area Medium Income

(Please see chart on back)

Size of Household

_____ Adults _____ Children

_____ (1) 0 to 30%
_____ (2) 31 to 50%
_____ (3) 51 to 60 %
_____ (4) Other, specify _____

Hispanic

_____ Yes _____ No

Household Data

Racial/Ethnicity of Head of Household (Check One)

_____ (11) White	_____ (17) Asian & White
_____ (12) Black/African American	_____ (18) Black/African American & White
_____ (13) Asian	_____ (19) Amer. Indian/Alaskan & Black/African American
_____ (14) Amer. Indian/Alaskan Native	_____ (20) Other Multi-Racial
_____ (15) Hawaiian/Pacific Islander	_____ (21) Asian/Pacific Islander
_____ (16) Amer. Indian/Alaskan Native & White	_____ (22) Hispanic

Type of Household (Check One)

_____ (1) Single/Non elderly (One Person household non-elderly)
_____ (2) Elderly (one or two person household with one person at least 62 years old)
_____ (3) Related/Single Parent (Single Parent with dependent child/children under 18yrs old)
_____ (4) Related/Parent (Two Parent with dependent child/children under 18 years old)
_____ (5) Other

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any facts. I authorize the Department of Housing and Community Affairs of Montgomery County (DHCA) to collect the disclosed data for utilization in completing reporting requirements to the U.S. Department of Housing and Urban Affairs (HUD) under the HOME Program. Additionally I authorize the property owner to release any and all of the above information required by DHCA or HUD.

Signature

Certified by Owner/Property Manager/Agent

Signature

Tenant

HOME / HIF Program Tenant Income Reporting Form

Attach all income source documents to this form.

Name of Project	Date	Name of Person Completing This Form
1. Name of Tenant	2. Unit Address	

Assets

Family Member	Asset Description	Current Cash Value of Assets	Actual Income from Assets
3. Net Cash Value of Assets		3. \$	
4. Total Actual Income from Assets			4. \$
5. If Line 3 is greater than \$5,000, multiply line by _____ (Passbook Rate) and enter results here; otherwise, leave blank			5. \$

Anticipated Annual Income

Family Members	a. Wages / Salaries	b. Benefits/ Pensions	c. Public Assistance	d. Other Income	e. Asset Income
					Enter the greater of lines 4 or 5 from above in e.
6. Totals	a.	b.	c.	d.	e.

Annual Income

7. Enter total of items from 6a. through 6e. This is Annual Income ...	7.
--	----